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|--|-------------------------------------|---------------------------------------|--|----------|--|----------------------------------|---|----------------------------|---|----------|--|------------------|--|--|---|--|---|--|--|--|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Attorney Docket No. 8733.891.00-US | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="3">In re Application of PARK, Joon Kyu</td> </tr> <tr> <td colspan="2">Application Number 10/743,900</td> <td>Filed December 24, 2003</td> </tr> <tr> <td colspan="3">For: ORGANIC ELECTROLUMINESCENT DEVICE AND DRIVING METHOD THEREOF</td> </tr> <tr> <td>Art Unit 2629</td> <td>Examiner Duc Q. Dinh</td> <td></td> </tr> </table> | | | In re Application of PARK, Joon Kyu | | | Application Number 10/743,900 | | Filed December 24, 2003 | For: ORGANIC ELECTROLUMINESCENT DEVICE AND DRIVING METHOD THEREOF | | | Art Unit 2629 | Examiner Duc Q. Dinh | | | | | | | | | |
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| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ 450.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed.</td> <td></td> </tr> </table> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>40,106</u></p> <p><u>Eric J. Nuss</u> Signature Eric J. Nuss Typed or printed name</p> <p>June 11, 2007 Date (202) 496-7500 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 450.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | | <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed. | |
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| <input type="checkbox"/> | Total of _____ forms are submitted. | | | | | | | | | | | | | | | | | | | | | |

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